

FAX TRANSMISSION

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Patent Number
Inventor: Stefan Langenbach et al.

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FROM: EDWARDS ANGELL PALMER & DODGE LLP

Howard M. Gitten

PHONE: (561) 820-0230

Attorney Dkf. #: 64726(45710)

PAGES (Including Cover Sheet): 4

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Fee Transmittal (1 page)

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| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | | Applicati | Application Number 10 | | 10/563,084-Cc | nf. #5853 | | |
| FEE TRANSMITTAL | | | | Filing Date | | May 22, 2006 | | | |
| | | | | First Named Inventor | | Stefan Langen | bach | | |
| For FY 2009 | | | Examine | Examiner Name Y | | Y. T. Tse | | | |
| X Applicant claims small | entity status. S | ee 37 CFR 1.27 | Art Unit | Art Unit 26 | | | | | |
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| FEE CALCULATION | | | | | | | | | |
| 1. Basic filing, Search | I, AND EXAM | INATION FEES | EARCH F | EES | EXAMI | NATION FEES | 3 | I | |
| | | Small Entity | Smal | 1 Entity | | Small Entity | Fees P | ~!d /\$) | |
| Application Type | Fee (\$) | Fee (\$) Fee | | se (\$) 270 | Fee (\$) 220 | <u>Fee (\$)</u> 110 | Pets F | HIG (3) | |
| Utility | 330 | 165 540 | • | 270 50 | 140 | 70 | | | |
| Design | 220 | 110 100 | - | 50 165 | 170 | 85 | | | |
| Plant | 220 | 110 330 165 540 | • | 270 | 650 | 325 | | | |
| Reissue | 330 220 | | 0 | 0 | 0 | 0 | | | |
| Provisional | 2,24 | 110 | • | U | - | - | | Small Entity | |
| 2. EXCESS CLAIM FEES Fee Description | | | | | | | Fec (\$) | Fee (\$) | |
| Each claim over 20 (includ | | | | | 52 | 26 | | | |
| Each independent claim ov | | | | | 220 | 110 | | | |
| Multiple dependent claims | Multiple dependent claims 390 | | | | | 195 | | | |
| Total Claims Ex | Il Claims Extra Claims Fee (\$) Fee Paid (\$) | | | Multiple Dependent Claims Fee (\$) Fee Paid (\$) | | | | | |
| HP = highest number of total cla | ms paid for, if g | reater than 20. | | | <u>-</u> | GQ 147 | | | |
| | ctra Claims | Fee (\$) | Fee Paid (| (\$) | | | | _ | |
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| APPLICATION SIZE FE If the specification and di Usings under 37 CFR sheets or fraction there | rawings exceed 1.52(c)), the | application size tee U.S.C. 41(a)(1)(G) a | due is \$270 and 37 CFR | 0 (\$135) . 1.16(s). | ZOL SERVIT | entity) for each | addigonal 30 | | |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (5) Fee Paid (5) | | | | | | | | | |
| -100 = /50 = (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (5) | | | | | | | | | |
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| SUBMITTED BY | | | | | | | | | |
| Signature 0 | 5 / 4 / 1/1/ | | | llon No. (Agent) | 32,138 | Telephone | (561) 82 | 0-0230 | |
| Name (Print/Type) Howard | (A-4-1-2) | - Agrants | | Cale | May 5, | 2010 | | | |
| hearing farming the base of the second | | | | | | | | | |
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Application No. (if known): 10/563,084

Attorney Docket No.: 64726(45710)

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